

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP							
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19	1												
20		1											
21		2											
22	1												
23		1											
24		1											
25		1											
26		1											
27	1												
28		1											
29		1											
30	1												
31		1											
32		2											
33		2											
34		1											
35		1											
36	1												
37		1											
38		2											
39		1											
40		1											
41		1											
42		1											
43	1												
44		1											
45		1											
46		1											
47	1												
48		1											
49		1											
50		3											
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													
51		3											
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													